

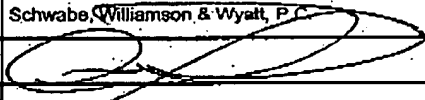
PTO/SB/21 (09-04)

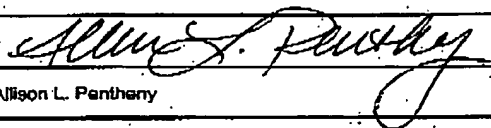
Approved for use through 07/31/2006. OMB 0851-0031  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/633,466
	Filing Date	08/01/2003
	First Named Inventor	Garrett W. Bateman
	Art Unit	3683
	Examiner Name	Robert Siconolfi
	Attorney Docket Number	110124-138863
Total Number of Pages in This Submission		3

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Resubmission of Revocation of Power of Attorney and New Power of Attorney and Correspondence Address
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="text"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Schwabe, Williamson & Wyatt, P.C.		
Signature			
Printed name	Christopher J. Lewis		
Date	04/20/2005	Reg. No.	51,246

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Allison L. Panthony	Date	04/20/2005

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Attorney's Docket No.: 110124-138863

Patent

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application for:

Garrett W. Bateman

Application No.: 10/633,466

Filed: 08/01/2003

For: ADJUSTABLE WHEEL TORQUE  
ASSISTING DEVICE WITH ANTI-  
SLIP TEETH

Examiner: Robert Siconolfi

Art Group: 3683

Confirmation No.: 7508

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on this date: 04/20/2005

Typed or Printed: Allison L. Penθενy

Signature:  Date: 04/20/2005

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

**RESUBMISSION OF REVOCATION OF POWER OF ATTORNEY  
AND NEW POWER OF ATTORNEY AND CORRESPONDENCE ADDRESS**

Our client has indicated that, pursuant to a recent phone call with the Patent and Trademark Office, the Patent and Trademark Office's records do not show this firm as the attorney of record for this matter.

Applicants submitted a Revocation of Power of Attorney and New Power of Attorney and Correspondence Address on 09/15/2004.

Resultantly, Applicants herein submit the Revocation of Power of Attorney and New Power of Attorney and Correspondence Address that was originally filed on 09/15/2004.

Respectfully submitted,

SCHWABE, WILLIAMSON &amp; WYATT, P.C.

Dated: 4/20/05  
by, Christopher J. Lewis. Reg. No. 51,246  
Attorney for Applicant

Pacwest Center, Suites 1600-1900  
1211 SW Fifth Avenue  
Portland, Oregon 97204  
Telephone: 503-222-9981

IPN: P004

Sep 14 04 03:46p

APR 20 2005

P.2

PTO/SB/92 (09-03)  
Approved for use through 11/30/2005. OMB 0851-0035  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/638,466
	Filing Date	08/01/2003
	First Named Inventor	Bateman, Garrett W.
	Art Unit	3682
	Examiner Name	Slocum, Robert A.
	Attorney Docket Number	110124-138863

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

0025943

☐ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

0025943

OR

☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name: Garrett W. Bateman

Signature: 

Date: 9-14-04

Telephone: 503-559-8915

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.56. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-6199 and select option 2.